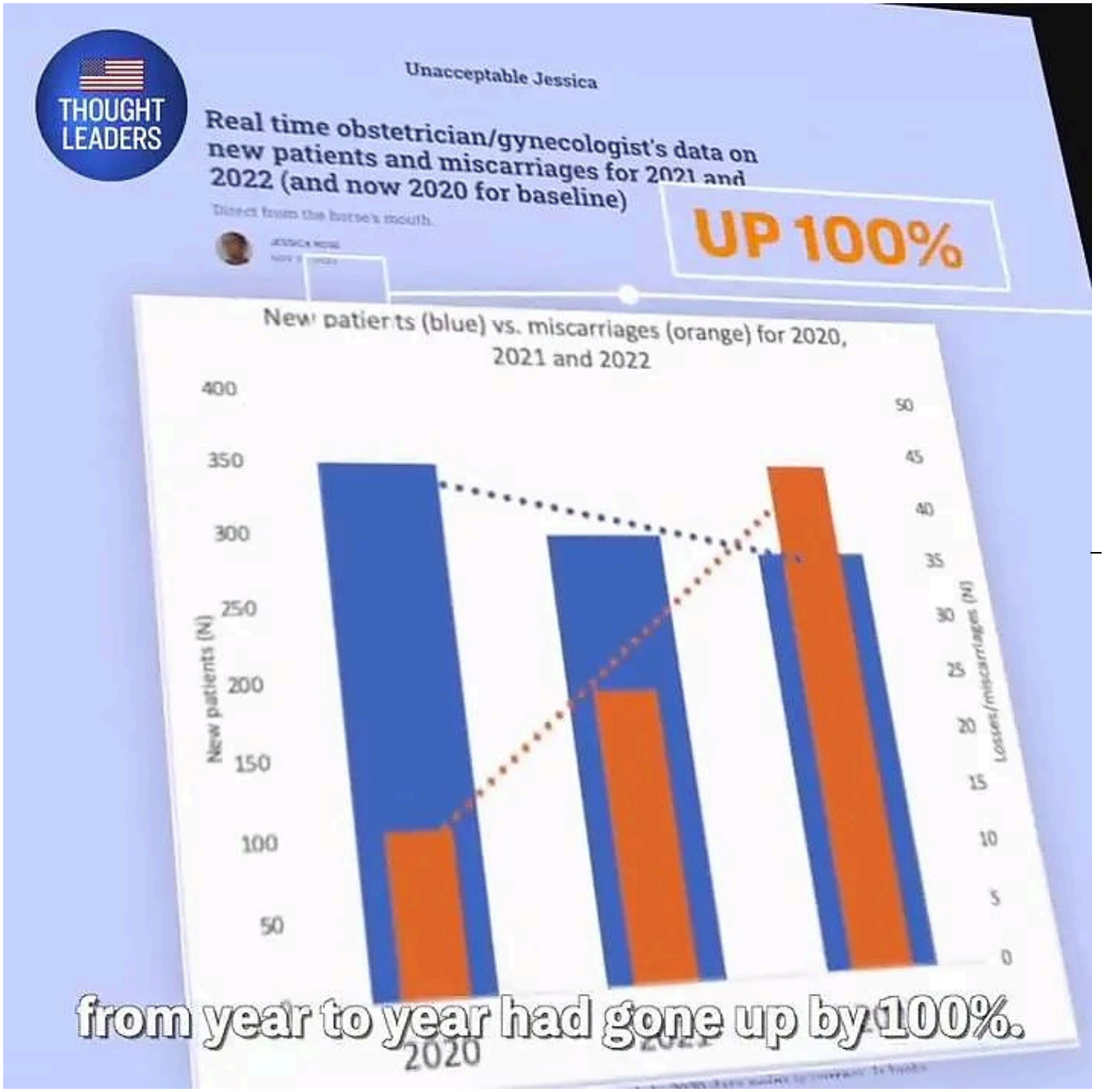
Un obstetrician-ginecolog dezvăluie cifre alarmante privind numărul de avorturi spontane. “Rata avorturilor spontane a fost de 80% în studiile Pfizer. Ei știau asta.” Și în România se înregistrează o situație mai puțin obișnuită

DE IRINA BAZON (AUTORI/IRINA-BAZON-175) / ȘTIRI, SĂNĂTATE / Publicat: Joi, 23 mai 2024, 19:20 / Actualizat: Joi, 23 mai 2024, 19:29 / 3 comentarii



(images/articole/189515.jpg)

ARTICOLE RELAȚIONATE

STUDIU EXPLOZIV: Datele guvernamentale din SUA dezvăluie rate șocante de avorturi spontane după vaccinul COVID în comparație cu vaccinul antigripal (stiri/STUDIU-EXPLOZIV-Datele-guvernamentale-din-SUA-dezvaluie-rate-socante-de-avorturi-spontane-dupa-vaccinul-COVID-in-comparatie-cu-vaccinul-antigripal-180218)

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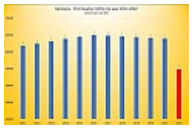
ascultă articolul

Un obstetrician-ginecolog certificat din Florida, SUA, dr. Kimberly Biss, https://x.com/docbiss care a ajutat în mii de sarcini de-a lungul carierei sale, a dezvăluit, într-o emisiune la Epoch Times TV (http://www.theepochtimes.com/epochtv/infertility-after-vaccination-dr-kimberly-biss-explains-the-data-5649422?utm_source=partner&utm_campaign=vigilantf&src_src=partner&src_cmp=vigilantf), că a observat că ratele avorturilor spontane au crescut „cu 100%" față de anii precedenți, după vaccinările Covid.

Ea a mai spus că „rata avorturilor spontane a fost de 80% în studiile Pfizer. Ei știau asta."

Și mai înfricoșător este că natalitatea scade la nivel mondial și se corelează strâns cu ratele de vaccinare, scrie vigilantfox.news (http://vigilantfox.news/p/ob-gyn-drops-alarming-miscarriage-0a6?utm_source=post-email-title&publication_id=975571&post_id=144883471&utm_campaign=email-post-title&isFreemail=false&r=15himw&triedRedirect=true&utm_medium=email&initial_medium=video), care prezintă interviul cu dr. Biss.

3.631 de rapoarte de avorturi spontane și decese fetale în Europa în urma vaccinului anti-Covid (covid-dezvaluiri-covid/3.631-de-rapoarte-de-avorturi-spontane-si-decese-fetale-in-Europa-in-urma-vaccinului-anti-Covid-181036)



O analiză a datelor arată că vaccinurile COVID au legătură cu scăderea abruptă a natalității în Europa (covid-dezvaluiri-covid/O-analiza-a-datelor-arata-ca-vaccinurile-COVID-au-legatura-cu-scaderea-abrupta-a-natalitatii-in-Europa-176163)

De exemplu, Igor Chudov a arătat (http://www.igor-chudov.com/p/hungary-most-vaccinated-counties) că, în Ungaria, primele 5 districte cel mai puțin vaccinate au înregistrat o scădere medie a natalității cu doar 4,66%, în timp ce primele 5 județe cu cele mai mari rate de vaccinare au înregistrat o scădere a natalității cu 15,20% (mai jos, captură foto cu un tabel cu datele).

Igor Chudov a documentat scăderea accentuată a ratelor natalității și în Australia și Suedia, într-un articol în care analizează datele, articol preluat și de Active News (http://www.activenews.ro/externe/Ratele-natalitatii-continua-sa-scada-accentuat-in-Australia-si-Suedia.-%E2%80%9EExpertii-australieni-dau-vina-pe-schimbarile-climatice-183014).

Problema este gravă, în contextul în care din Uniunea Europeană lipsesc peste un milion de prunci (http://vigilantfox.news/p/infertility-concerns-dropping-birth?utm_source=publication-search) care erau așteptați să se nască.

5 Least Vaccinated Counties:

County	Birth Rate Drop
Borsod-Abaúj-Zemplén	-3.50%
Hajdú-Bihar	-10.10%
Jász-Nagykun-Szolnok	-1%
Bács-Kiskun	-10.50%
Szabolcs-Szatmár-Bereg	1.80%
Averaged:	**-4.66%**

5 Most Vaccinated Counties:

County	Birth Rate Drop
Budapest	-22.20%
Pest	-15.10%
Fejér	-13.10%
Tolna	-19.10%
Vas	-6.50%
Averaged:	**-15.20%**

Și în România se înregistrează o situație neobișnuită

Și în România se înregistrează o situație mai puțin obișnuită privind numărul de avorturi spontane înregistrate. De exemplu, cinci cazuri de prunci nenăscuți morți în burta mamei au fost diagnosticate aproape simultan la Spitalul Clinic de Urgență Suceava, transmite monitorulsv.ro (http://www.monitorulsv.ro/Local/2024-05-21/Cinci-cazuri-de-prunci-nenascuti-morti-in-burta-mamei-diagnosticate-aproape-simultan-la-Spitalul-Clinic-de-Urgenta-Suceava).

Medicii secției Obstetrică-Ginecologie de la Spitalul Clinic de Urgență „Sfântul Ioan cel Nou” din Suceava s-au confruntat, săptămâna trecută, cu o situație mai puțin obișnuită, respectiv faptul că au avut în aceeași zi cinci cazuri de copii nenăscuți morți în burta mamei, iar aceste cazuri au fost diagnosticate aproape simultan, după cum a declarat medicul ginecolog Marian Crăciun. **Dr. Crăciun a arătat că, deși nu are studii comparative, practica arată că incidența acestor cazuri este mare și în creștere.**

„Pentru cele mai multe sarcini oprite din evoluție la vârsta gestațională mare nu se cunoaște și nu se pune în evidență o cauză clară. Acest lucru creează stres atât pentru pacientă, cât și pentru personalul medical în conduita monitorizării sarcinilor ulterioare”, a subliniat medicul ginecolog.

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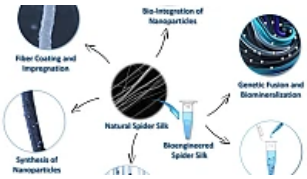
(stiri-sanatate/Protocolul-Dr.-Zelenko-pentru-prevenirea-si-tratarea-Covid-eficient-si-pentru-gripa-aviara-si-alte-virusuri.-Nu-avem-nevoie-de-solutiile-dezastruoase-ale-Big-Pharma-OMS.-Studii-despre-eficienta-unor-suplimente-si-tratamente-naturiste-VIDEO-189379)



(stiri-dezvaluiri/Dr.-Ana-Mihalcea-prezinta-o-descoperire-a-doctoritei-Geanina-Hagima-Un-document-oficial-al-SUA-Armele-biologice-reprezentate-de-bacterii-modificate-genetic-producatoare-de-amiloid-pot-explica-cheagurile-imense-la-injectati-189391)

(opinii/Iulian-Capsali-FLORIN-PIERSIC-O-VICTIMA-A-CRIZEI-MEDICINEI-189401)

(stiri-sanatate/Fostul-director-al-CDC-Este-timpul-sa-recunoastem-efectele-secundare-semnificative-ale-vaccinurilor-Covid-19-189444)

(sport/Simona-Halep-a-abandonat-silit-turneul-Trophee-Clarins-189375)

(stiri-sanatate/Medici-pentru-Consimtamant-Informat-Interviu-cu-dr.-Meryl-Nass-SUA-Tratatul-pandemic-al-OMS-nu-este-ce-se-pretinde-ca-este-VIDEO.-Raspunsul-Ministerului-Sanatatii-la-cererea-de-informatii-de-interes-public-privind-Tratatul-OMS-189372)

COMENTARII (3)

Autentifică-te sau înregistrează-te (inregistrare) pentru a trimite comentarii.

QUINTESSENCE
23.05.2024 20:03

MP Craig Mackinlay cu mainile si picioarele amputate.
'Bionic' MP Craig Mackinlay was two hours away from death in sepsis ordeal
https://www.itv.com/news/meridian/2024-05-22/tory-mp-craig-mackinlay-tells-of-losing-hands-and-feet-in-sepsis-ordeal
booster-ul in dec. 2021:
https://www.craigmackinlay.com/news/2021/12/3/craig-urges-people-in-south-thanet-to-get-their-booster-jab-on-boost-day
atentie -imagine socanta:
https://e3.365dm.com/24/05/640x380/skynews-craig-mackinlay-spsis_6562288.jpg?20240522053838

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QUINTESSENCE
23.05.2024 20:14

A COVID-"vaccinated" heart is "a heart that is working...twice as hard as it should...and it does it for 6 continuous month[s] after two vaccinations...These people...weren't having chest pain...weren't having a sense of myocarditis, they think that everything's just fine..."

Canadian Comprehensive Physician Dr. Chris Shoemaker (
@CShoemakerMD
) describes for Laura-Lynn Tyler Thompson (
@LauraLynnTT
) the results of a study performed by Dr. Nakahara Takehiro, et al. at the Keio University School of Medicine in Japan, which found that COVID-"vaccinated" hearts work "twice as hard as [they] should" for "six continuous months" following injection. Shoemaker specifically shows how COVID-"vaccinated" hearts are appearing "blackened" on PET scans, meaning they're experiencing an anomalously high uptake of glucose.

The authors of the study "couldn't understand, 'Well, why is the heart showing up black on our studies? The heart never has strange or extra glucose uptake," Shoemaker tells Tyler Thompson. The physician notes how PET (or positron emission tomography) scans of "unvaccinated people" in the images to the left of what's displayed (graphics taken from the study) show "soft, gray" hearts. Conversely, in PET scans of "vaccinated" people on the right, the hearts are "blackened out."
The two specific hearts shown in the images, Shoemaker notes, were in two individuals that had a "high-level doubling of the amount of effort" they put out. In one of the hearts, there was 100% elevation and effort. On average, "vaccinated" people had hearts that were working 50 to 60% harder than normal.

All 700 of the COVID-"vaccinated" people in the study had some level of elevated cardiac effort.

"The dark redness, or the dark blackness, that is a heart that is working...twice as hard as it should...and it does it for six continuous month[s] after two vaccinations," Shoemaker says, referring to the COVID-"vaccinated" hearts shown in the presented study excerpt.
he physician goes on to note, "These people, by the way...were feeling perfectly well. They weren't having chest pain, they weren't having a sense of myocarditis, they think that everything's just fine, they're an athlete, they're a child, they think everything's fine..."

Along with this study performed in Tokyo, Shoemaker notes its results have been replicated at three other medical hubs, including a hospital system in Houston, Texas, as well as Mount Sinai Hospital in New York City and Oxford University in England.
https://x.com/SenseReceptor/status/1793004716114243914

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QUINTESSENCE

The Surprising Potential of Ivermectin Against Cancer: Dr. Kathleen Ruddy

FULL TRANSCRIPT

Jan Jekielek:

Dr. Kathleen Ruddy, such a pleasure to have you on American Thought Leaders.

Dr. Kathleen Ruddy:

Thank you for having me.

Mr. Jekielek:

You are deeply involved with the FLCCC [Front Line Covid-19 Critical Care Alliance] and you are also working on ivermectin as a possible treatment for cancer. This might be astonishing to some people. Ivermectin is a very famous drug for treating river blindness and has saved millions of lives. We know it's effective for treating Covid-19, especially at its early stage. There have been a lot of studies done on this.

Dr. Kathleen Ruddy:

I have to say that I was also astonished that ivermectin has potential as an anti-cancer agent. I'm a cancer surgeon. We don't do parasites. We don't do ivermectin. I was not really even familiar with those people who use ivermectin.

In the early days of Covid, when it became clear that ivermectin was effective in preventing and treating patients with a SARS-CoV-2 infection, I looked at the literature. I became aware that there was 20 years of research showing that ivermectin had great potential in the treatment of cancer. I said, "I don't understand anything about this. Why would an antiparasitic medication be effective against a virus? These are two completely different things." They are so far apart from each other on the evolutionary tree that I could not understand why a medication that would be effective in killing a virus and a parasite then show some efficacy in killing cancer cells.

I went back to the beginning. Whenever you've got a big question and some confusing information, go back to the beginning and see if you can understand the vocabulary and the basic science. Historically, the basic science begins with Satoshi Omura digging in the dirt near a golf course in Japan. Everybody knows that story, it's on wikipedia.

The question I asked was, "Why was he digging in the dirt? Why would you look in the dirt for an antibiotic?" It didn't make sense to me, so I explored that. I learned that if you were looking for antibiotics you would look in the dirt. You would look in sewage. You would dig up the ground. Why?

It is because single cell organisms; bacteria, fungi, mold, and yeast make antibiotics. Antibiotics could mean anti-life, and were described decades ago as bioweapons. The researchers who were studying antibiotics referred to them as anti-life bioweapons. Again, the question is, "Why would a single cell organism—you would think it's got a lot of other things to do—why would it synthesize this molecule ivermectin or albendazole?"

It is because single cell organisms do not have an immune system. Multicellular organisms can diversify and assign immune defenses and defend the organism from attack in a marvelously intricate way. Single cell organisms are on their own. Over hundreds of millions of years they have evolved this capacity to synthesize these molecules, these bioweapons, that they then secrete into the environment.

This molecule acts like a Swiss army knife that is its immune system. It's that molecule, so it has to do as many things as possible in order to preserve the organism from predators and give that organism an advantage when competing in the environment for resources. You're competing with your relatives and your neighbors, and you really don't want not to be eaten or poisoned.

Over a period of hundreds of millions of years we can assume streptomyces synthesizes ivermectin. Then ivermectin goes out there and becomes the immune system in the environment around the organism. It can kill parasites and it can dismantle viruses. There is substantial scientific evidence that it can dismantle tumor viruses. We know that 15 to 20 percent of cancers are caused by tumor viruses.

It is my belief, and I'm not alone in this, that the majority of cancers are caused by tumor viruses yet to be discovered. Once I understood that, it made sense to me why ivermectin would be effective against parasites. Everybody has known that for 50 years. Omura won the Nobel Prize for ivermectin. It basically eradicates river blindness almost entirely, and also dismantles viruses.

Viruses that get inside bacteria are called phages and they disrupt the genome. You want to get rid of those guys, too. If, in fact, there is a close relationship between viruses and cancer, and I think there is, then that gets at cancer as well. This very wonderful, one molecule, three-inch thick Swiss army knife, becomes an immune system.

When people understand that this single-celled organism can do this with this one molecule, then they can learn that it's safe and effective against parasites, and safe and effective against SARS-CoV-2, and a host of other viruses. They will find out that in the laboratory, with in vitro and in vivo studies, in at least 20 years of research, it is effective against cancer cells.

Then why don't we pose the question, "Do these medications; ivermectin, albendazole and the rest of them improve the survival of patients with cancer? You can see that they kill human cancer cells in the lab and in animals. Are they effective in improving the survival of patients with cancer?" It's a simple question, and that brings us to the agenda for today.

Mr. Jekielek:

It does, indeed. You have a number of cases where ivermectin corresponded with a dramatic reduction of cancer in the patient. Please tell us about these cases.

Dr. Ruddy:

The opening act in this story is that I began to do the scientific research that was in peer-reviewed papers, and I read them chronologically. I wanted to understand what everyone was thinking, as they made their discoveries and what questions they asked. Here was all this research that showed that ivermectin had great potential as an anti-cancer agent.

Having seen for myself and being very well persuaded by the work of Doctors Kory and Marick and others, plus the data coming out of South Africa and India that ivermectin was safe and effective in treating patients with Covid, I began to wonder to what extent it might it be effective in treating patients with cancer.

I understood that the pharmaceutical industries were not going to invest in a $0.10 pill. If the pharmaceutical industries were not willing to do that, no one else was going to do it, because pharma funds everyone that is doing research. I was introduced to a patient with stage 4 prostate cancer. He had received two vaccines. He was perfectly healthy and a marathoner, and had no history of cancer in the family.

He worked for the government, and he was going to lose his job and his pension if he wasn't vaccinated. Two months after his second Pfizer shot, he was diagnosed all at once with stage 4 prostate cancer. He tells a very compelling, melodramatic story about that 24-hour period of time in his life.

He went through the traditional protocols; radiation, chemotherapy, pharmacologic, castration, all of it, over a period of nine months. His name is Paul Mann. His doctor said, "There's really nothing else we can do. He said, "Can't you give me more radiation? Can't you give me more chemo? Aren't there any other drugs? Are there any clinical trials? The answer was, "No, there's nothing. There is only hospice. Send for the priest."

A friend of his knew me and said, "Would you give Paul a call? He just needs some moral support." I began calling him and we spoke about once a week for three weeks. The poor guy was suffering and had cancer in 11 bones in his body. His right leg was completely swollen and obstructed with a tumor. He was miserable.

I said, "Paul, I don't know if this is going to help you, but I know it's not going to hurt you. I just can't imagine based on my judgment and understanding of the scientific literature and all of the work that Doctors Kory and Marik have done that ivermectin would hurt you. It might help, but I can't say."

He said, "I'll give it a try." He drove to Tennessee where you could get it without a prescription. He drove from where he lives in New York to Tennessee and paid cash for his ivermectin. He didn't submit it to an insurance company. He didn't tell his oncologist back in Missouri.

His ivermectin prescriptions were listed in his medical chart. How did that information get from the pharmacy in Tennessee to his chart in Missouri? They don't know. But actually, somebody does know, and I'd like to know myself.

Anyway, he starts taking ivermectin. He doesn't have any problems with it. I talk to him every week, "How are you feeling? How's your leg? How's the pain? He says, "No change. But I don't know. It's not quite as swollen. There's pain everywhere. Maybe it's getting a little bit better. It's not necessarily getting worse."

Fast forward to a two-month follow-up appointment at the clinic. They didn't expect to see him. He's feeling a little bit better. They do a PSA [Prostrate-Specific Antigen Test], which in the beginning was off the charts, maybe 700 or 800. At the time, they recommended him to hospice.

Mr. Jekielek:

What exactly do those numbers mean, for the layperson?

Dr. Ruddy:

Over four would be abnormal. What are we talking about here? Prostate cells normally secrete a protein, a prostate-specific antigen. It's one of the things that they do. Cancer cells that originate in the prostate that are dividing rapidly and growing fast are spitting out PSA. It's not that they're contributing to the body economy in any way. It's just they just want to multiply and divide. That's the end of the story.

Your PSA levels start to rise, which is a screening marker. They will say, "Your PSA was four, and now it's eight. Let's do a prostate ultrasound." The PSA can be a screen for the emergence of a tumor, but it can also be used, particularly at high levels, as evidence for cancer, response to cancer, or recurrence of cancer. His was supposed to be four, but it's in the hundreds.

He goes back for a two-month appointment and it's 1.3. They said, "You're in biochemical remission." He was not in complete remission, because he still had the bone metastasis, but this was good news. Slowly, he begins to improve. There is less pain and the swelling is down. He has a lot of other vaccine injuries, but he's getting better. They are giving him nutritional support and other supplements. He was sometimes having a TIA [Transient Ischemic Attack], which is a little mini-stroke. But he didn't tell me about that because we were talking about cancer. But over a period of time, I was asking him, "Are you having TIAs?" His wife said, "Yes, he's having TIAs."

I asked, "What do the cancer doctors tell you? She said, "They say it's not related to my cancer." I got a call from his wife one evening and he was in the emergency room. He had this catastrophic TIA. I said, "Paul, what are they doing for you?" He said, "They did a CAT scan of my head, but they didn't see anything specific. It's a TIA and not related to my cancer." Then they send him home.

I asked, "Did they do anything? He replied, "No." I said, "You need to see a cardiologist. There are things they can do." I looked it up really quickly. and of course, there are things they can do. They get him to the cardiologist, get him on blood thinners, and then no more problems with TIAs. That's an indictment of the healthcare system.

Then he is getting better. Nine months later, he's out dancing for four hours, three nights a week. He gets a head-to-toe rescanning and three of the bone mets are gone. There's no growth of the mets that are there, and no new lesions. There's only one hot spot and that's where he received radiation therapy. The radiologist really could not distinguish whether that was a tumor hotspot or a radiation hotspot.

He is doing very well. The vaccine injury is a problem, but the cancer is no longer a problem, except for the fact that it's still there and we want to get rid of it completely. He called me from a hockey game and said, "If I didn't already know I have cancer, I would not know I have cancer. That was patient number one. I said, "Now, that's interesting."

A second patient crossed my path, a guy in his seventies who lost 40 pounds over a year-and-a-half, was not vaccinated, was a smoker and drinker, and all he did was fish. He could no longer swallow and he could hardly talk. I got on the phone with him and said, "Eddie, tell me a little bit about your history." He knew someone with prostate cancer who had taken ivermectin and cured himself from prostate cancer with it.

Eddie began taking ivermectin. I have no idea what the dosing was. He was just taking it. I gave him some advice about diet and how to get the weight back on. In a couple of weeks, he sounded stronger. He could swallow, his voice was better, and he had gained six pounds. I followed him for another month or so.

I said, "Eddie, we need to get a scan." He doesn't have insurance. He doesn't like doctors. He had been diagnosed in that interval with two unresectable esophageal tumors. The surgeons wouldn't go near it. The doctor said, "We'll give you chemo and radiation." He said, "No, you're not." He just takes his ivermectin.

About six weeks later, I said, "Eddie, you need to get a scan." I had to argue with Eddie to get a scan. We got the scan. No tumors. Gone. The biggest problem was that he had sold his fishing boat. He was getting better and his tumor was gone. Now, he needed to go out and buy another fishing boat. That was the second patient. Again, I said, "Now, that's interesting."

The third patient was a woman who was referred to me. Her husband called me. He said, "Could you talk to my wife? I think she's got a problem." She could feel a lump in her lower pelvis. She had had that for a while. I asked her, "Do you have any vaginal bleeding?" She replied, "Yes, a little bit, but not much."

I said that the best thing to do would be to go to the doctor and get a CAT scan. She doesn't like doctors. She doesn't have insurance. She's not getting a CAT scan. I was able to convince her to at least get an ultrasound. She gets an ultrasound. She has a 6-centimeter tumor in her pelvis. It's close to the colon, it's close to the ovary, it might be near the uterus, who knows? It's just wedged down there.

I said, "It would be very helpful if you would at least be willing to do a needle biopsy because if it's cancer, it's going to make a difference in terms of what your choices are." Nope, she's not going to do that. I called her periodically over the next couple of months. She says, "I'm fine, no problem." I said, "Call me if you need me."

This was in April or May. I got a call on December 23rd from her husband at 9.30 at night. Her belly is distended. She can't eat, she's not passing gas, she's not passing stool, and her abdomen hurts. I said, "Press down on her belly, does that hurt?" When he presses down it hurts. I said, "Now, press and lift up really quickly and ask if that hurts." He said, "Yes, that's worse."

I said, "Get her to the emergency room." He said, "We don't have insurance, we don't like doctors, we're in West Virginia, and we hate the hospitals. I said, "Look, she's going to blow out her bowel and then you're going to take her to the emergency room and she's going to die. I suggest you go now."

Okay, he takes her to the emergency room. They do a CAT scan and it's an 18 centimeter tumor. Who knows what it's wrapped around. They gave her intravenous and I said, "Let me talk to the ER doc."

I said, "Is she stable enough? Can you rehydrate her? Is she stable enough to go to Charlottesville? Because I know people in Charlottesville, and UVA Health has a great hospital there. Let's see if we can get her to Charlottesville."

The ER doctor, I can imagine, was very happy to get her on the way to UVA. They admit her on Christmas Eve. They hydrate her and give her nutrition. The head of the surgical oncology team comes in to see her, a brilliant surgeon. He said, "I'm not sure that I can resect this. But let's tune you up and let's see what we can do. If I can, I will."

She gets all tuned up and ready to go. The hospital would not give her unvaccinated blood, so there was a big Shakespearean melodrama the night before surgery. She said, "I've got to have the surgery," but she did not require blood transfusion, thank God.

The surgical oncologist was brilliant. He goes in with a vascular team, a GYN team, and a urologic team, because it's wrapped around the ureter and who knows what's going on with the uterus. They all go in and seven-and-a-half hours later, they close.

They got the whole thing to negative margins. She had three mets in her liver. Then postoperatively during her recovery, the metastatic lesions in the liver multiplied, which is not uncommon. She went home maybe five or six days later, after an uneventful postoperative course. Again, the surgical team at UVA gets an A-plus.

She gets in the car and goes back to West Virginia. Of course, the medical oncology people at UVA insist that she have chemo. They are breathing down on her. They're making appointments for her. They say, "This is not a question. We think you should have this. Here's your appointment."

She said, "I'm going back to West Virginia." She started taking ivermectin, probably taking a little bit higher dose. I don't think it was sky high. But anyway, ivermectin is safer than a sugar pill. You would have to take a lot to make yourself sick.

Mr. Jekielek:

Let's stop for a moment. It's safer than a sugar pill?

Dr. Ruddy:

Yes. This might be a bit of an exaggeration, but not by much. Ivermectin is so non-toxic that if you did a randomized trial, and these people are getting ivermectin every day and these people are getting sugar pills every day, my prediction—test it and see what happens—would be that the people who are getting the sugar pills would end up having more harm, like spikes in their insulin level, than the people taking ivermectin. That's why I say, kind of flippantly, that it's safer than a sugar pill.

Anyway, she starts taking ivermectin. I said, "We need to do a scan." Everybody gets sick of hearing me say that we need to do a scan. She didn't want that. How about an ultrasound? Because you can image the liver pretty well with an ultrasound. They had had an ultrasound, so we could compare.

The liver is clean and there is nothing in the liver. She's fine. She's driving around with her husband. She's going down to the southern border and pushing back against the illegal aliens. She's doing very, very well. That was the third patient.

I could not wait for patient four to see if ivermectin really is effective. Something has to be done. I feel compelled to do something. What is that going to be? What am I going to do?

I had to think hard because I didn't have the money to fund a study which would, on average, cost $6 million for a Phase I study of a repurposed medication. What could I do? Then I thought, "I could do an observational study like the Framingham study, where you identify a population." In the Framingham study, it was the people who lived in Framingham, Massachusetts.

But in my proposed observational study, it would be patients with cancer who themselves decided they were going to use ivermectin and other repurposed drugs as part of their cancer care. As the principal investigator collecting this observational data, I record the data and that would allow me to see over a period of time whether there was a survival advantage in patients with cancer who were taking ivermectin and other repurposed medications compared to historical controls.

When we have decades of historical controls we can analyze the data. For example, what is the likelihood that someone with a stage 4 prostate cancer sent to hospice would have, over a period of nine months,

a remission and a clinical improvement, as Paul experienced? It's not zero probability, but it approaches zero.

What is the likelihood that a patient with stage 4 cancer, a patient with stage 3 unresectable esophageal cancer, a patient with an 18 centimeter Kuchenberg tumor in her pelvis would all have such remarkable results that you might attribute to ivermectin. It seems to be the common denominator one, two, and three. What is the likelihood of that happening?

What is the likelihood of winning the lottery with the first three tickets you buy? That probability approaches zero. Nonetheless, that's not how we do science. We don't do science by saying, "It's really odd that these three people had this experience."

You create the hypothesis. You create the question. You design a study in such a way that you can answer the question and validate it and make sure that the data that you collect is neutral and verifiable. You can audit the data. Someone else who's not involved in the study is responsible, the biostatistician, for evaluating the data. Now, you have the data that you've accumulated over a period of time. You turn that over for peer review. You go through all of that, and then you publish.

I had a wonderful opportunity to speak to Dr. Marik about this. He was very interested. As God would have it, he thought there was great wisdom in having a multicenter observational study, as I've described, where you have multiple co-principal investigators with the clipboard, with the data element list that we have compiled, with an independent biostatistician, all moving forward to collect the data with Dr. Marik, and you can't find someone with better credentials.

He probably didn't expect he was going to be doing this, but I think that God teed him up to do this. He will be the principal investigator on this large multicenter observational study. We'll collect the data, and if the biostatistician validates and peers concur that the patients who are taking these repurposed medications like ivermectin work, then we will launch additional questions and additional studies and continue to move this ball down the field.

Mr. Jekielek:

Do I understand correctly that you tried ivermectin only three times for treating cancer, and these were the three results?

Dr. Ruddy:

We have to be clear, I didn't try it. The patients tried it, and I discussed it with the patients. Think about this. You hear the studies, refer the patients, talk to them, and then they decide. Ivermectin is approved by the FDA. Thank you to the 5th District and the incompetent attorney for the Department of Justice defending the FDA who wasn't able to argue that physicians and providers cannot prescribe ivermectin or other FDA-approved medications.

Patients can get it across the counter in Tennessee. Patients chose to do this. I was calling them, finding out how they were doing. I learned that their cancer was gone.

Mr. Jekielek:

But in these three cases, all of them cleared up. That is an unexpected result that would warrant the type of study you're describing.

Dr. Ruddy:

I think so.

Mr. Jekielek:

How many patients are there right now across all these centers?

Dr. Ruddy:

It's just officially been launched. I have been asked a lot these past couple of days, "Where is your data?" Principal investigators do not discuss the data until they have the data. They don't discuss the data until it's been validated by a biostatistician and peer-reviewed. No principal investigator would jump in early on and say, "We have 100 patients." No, that's not how studies are done. Now, there is an imperative to do this as quickly as possible, but not recklessly. Fortunately, patients that we're seeing today, particularly those with advanced cancer, don't have long to live. We don't have to do a 20-year study as you should if you were evaluating a vaccine or a new drug. We don't have to wait five years to see the separation in curves.

If there is a separation based on these repurposed medications, we're not going to have to wait five years to see that. We'll conduct the study for at least five years. I would imagine it's going to be open-ended. Why not do what Framingham did? Framingham didn't shut the study down. Framingham has been going at it for decades. Why not keep the studies open and see how far down the field you can get with that?

Mr. Jekielek:

You'll quickly see how many people are making it because of that. I wish you luck with this.

Dr. Ruddy:

Science is the uncertain pursuit of the unknown. It's a matter of luck as much as it is paying attention. You pay attention. You discern. You use your judgment.

A medical student asked the question in the forum yesterday based on William Osler's statement to the medical students at Johns Hopkins, "Half of what we teach you is wrong, but we don't know which half." The medical student asked, "How am I supposed to figure this out?" You use your judgment. That's what you really learn as a professional.

You pay attention, look at the data, and use your judgment. You ask questions and use your judgment. You do something. Unless you're just going to be an ivory tower kind of person, use your judgment and then act. As the Africans say, "When you pray, move your feet." Act. Three; prepare for trouble no matter what it is. Prepare for difficulties.

FLCCC can tell you about the difficulties firsthand. People like Dr. Meryl Nass ran into trouble. We ourselves are running into trouble now. Expect difficulties and then prepare for them. Identify what the vulnerabilities are and then defend yourself.

Preempt them to the extent that you can. You can't preempt everything. But don't be surprised when it happens. Don't give up. Paul Mann has a tattoo on the inner wrist saying, "Don't give up." He wanted to remind himself, "I'm dying of cancer, but don't give up."

Finally, do your best. Those are the five principles. Luck? Sure,

fine, we'll take luck. But just do those five things and you'll be lucky enough, let's put it that way.

Mr. Jekielek:

Dr. Paul Marik has looked at hundreds of different papers that have researched methods for both prevention and treatment of cancer. These are things that either we weren't aware of or not in our frame of reference. A study on vitamin D was one of his most significant findings. There's so many things that could work in addition to radiation or a chemo. The question is, "Why not use ivermectin?"

Dr. Ruddy:

Let's look at ivermectin. Let's look at albendazole. Let's look at vitamin D3 at higher doses—there's a whole list. I ask the patient, "Are you working with these things as well?" I allow the patients to make their decisions. My job, as I see it, is to answer all their questions and then give them useful information. They are already pretty well informed, which is a blessing.

There are potential issues with the use of ivermectin in patients with a brain tumor. It's a bit of a challenge. We've got to discuss that with the patient. They might say, "I don't know if I'm interested in using it. I've got a brain tumor. From what you're telling me, ivermectin might not be the best choice. There is something else that perhaps would be a better choice, like mebendazole." Therefore, the patient is making the choice. My job is to give them the information that they need to help them make that choice. But they decide.

Mr. Jekielek:

That reminds me of informed consent, something that got lost recently.

Dr. Ruddy:
Yes. That's what informed consent is. The doctor says, "I'll tell you what I know." I encourage patients to ask for that. I had a wonderful man who was desperately ill with a brain tumor. There was nothing else he could do. Radiation, chemo, there was nothing else he could do. He was losing the fight by the day.
But there was a medical protocol. His medical oncologist said, "You have to do this." I said, "Ask the medical oncologist why you have to do this. Ask the medical oncologist if he has any information about the potential for this to be beneficial. Is there anything in the literature anywhere? If there is any information, could he share that information?"
The doctor said, "Well, 40 percent of the patients dropped out of the trial, and 2 percent of the patients had a catastrophic side effect, and nobody lived longer. But you have to do this trial. You have to sign."
This was the actual conversation. The patient said, "You can't tell me if there's any benefit from the trial. You're not free to tell me what any of the preliminary complications might be, and I'm signing this consent. You've got two pages of complications here, but you're not discussing that with me. But you're telling me that I have to do this and this is my only choice." The patient said, "No, thank you." Every patient should have thorough informed consent.
[..]50% continuarea aici:
https://www.theepochtimes.com/epochtv/the-surprising-potential-of-ivermectin-against-cancer-dr-kathleen-ruddy-5649306

sau alt video mai scurt:
https://www.bitchute.com/video/3RFTIHS6CUC8/

Autentifică-te sau înregistrează-te (inregistrare) pentru a trimite comentarii.

RECOMANDĂRILE NOASTRE

(opinii/Dar-cine-este-Klaus-Schwab-noul-consort-al-ONU-189507)

(opinii/Claudia-Marcu-Teoria-conspiratiei-se-confirma.-Vaccinatii-sunt-cei-care-au-imprastiat-Covidul.-CINE-PLATESTE-189424)

(opinii/Noua-Ordine-Mondiala-Marea-ofensiva-din-septembrie-II-Starea-de-urgenta-planetara-189397)

(opinii/De-ce-un-Guvern-Mondial-ar-fi-Sfarsitul-Lumii-189388)

Secțiuni: COVID (COVID) DEZVĂLUIRI (STIRI-DEZVALUIRI) EXTERNE (EXTERNE) PRIMA PAGINĂ (.) SĂNĂTATE (STIRI-SANATATE) ȘTIRI (STIRI)

Persoane: KIMBERLY BISS, DR. (PERSOANE/KIMBERLY-BISS-DR.-16014)

Locații: ROMÂNIA (LOCATII/ROMANIA-293) SUA (LOCATII/SUA-12) TERRA (LOCATII/TERRA-1968) UNGARIA (LOCATII/UNGARIA-485)

Subiecte: AVORTURI SPONTANE (SUBIECTE/AVORTURI-SPONTANE-10025) AVORTURI SPONTANE ÎN URMA VACCINURILOR ANTI-COVID (SUBIECTE/AVORTURI-SPONTANE-IN-URMA-VACCINURILOR-ANTI-COVID-10398) LEGATURA INTRE SCADEREA NATALITATII SI VACCINUL COVID (SUBIECTE/LEGATURA-INTRE-SCADEREA-NATALITATII-SI-VACCINUL-COVID-9864) SCADEREA NATALITATII (SUBIECTE/SCADEREA-NATALITATII-9446)

Organizații: EPOCH TIMES (ORGANIZATII/EPOCH-TIMES-4974) EPOCH TIMES TV (ORGANIZATII/EPOCH-TIMES-TV-9229)

Tip conținut: ȘTIRI (TIP-CONTINUT/STIRI-1)

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(autori/Irina-Bazon-175)

(https://t.me/activenewsro)

VIDEONEWS

Conferință în direct Familia Ortodoxă: CE ESTE BĂRBATUL DE AZI

ULTIMAORĂ

23:00 (cultura/EMANUIL-GOJDU-SI-A-CONCEPUT-FUNDATIA-PE-O-PERIOADA-DE-200-DE-ANI.-Ce-prevedea-pentru-perioada-2021-2071-189520)

22:32 (stiri-sanatate/Petitie-initiata-de-doi-studenti-la-Drept-din-Chisinau-catre-autoritati-privind-Tratatul-pandemic-OMS-Cum-putem-accepta-puterea-unei-astfel-de-organizatii-criminale-

21:20 (cultura-cultul-eroilor/SFINTII-EROI-ANTICOMUNISTI-PR.-AMFILOHIE-BRANZA-SI-MAICA-STARETA-JUSTINA-BUJOR-INTR-O-CONFERINTA-ASCOR-LA-BRASOV-VINERI-24-MAI-

21:01 (opinii/Sorin-Gheorghe-Suciu-Lancram-Sebes-impresii-la-cald-189517)

20:33 (stiri-sanatate/Un-pacient-afectat-de-un-malpraxis-grav-a-castigat-procesul-impotriva-Institutului-Marius-Nasta-A-ramas-fara-plaman-dupa-ce-a-fost-operat-de-cancer-desi-avea-

20:00 (cultura/Ecaterina-Andronescu-sabotata-la-alegerile-de-la-Academia-Oamenilor-de-Stiinta-din-Romania-ar-fi-intarziat-5-minute-cu-depunerea-candidaturii.-Controversata-Doina-Banciu-

19:20 (stiri-sanatate/Un-obstetrician-ginecolog-dezvaluie-cifre-alarmante-privind-numarul-de-avorturi-spontane.-Rata-avorturilor-spontane-a-fost-de-80-in-studiile-Pfizer.-Ei-stiau-asta.-Si-

18:30 (stiri-mass-media/A-inceput-conferinta-si-lansarea-numarului-din-mai-al-Revistei-Familia-Ortodoxa-la-Libraria-Sophia-Barbatul-si-tatal-in-epoca-postidentitara-unde-sunt-invitati-Pr.-

17:46 (stiri-justitie/Denuntatorul-lui-Florian-Coldea-acuzatii-explozive-Am-depus-peste-20-de-inregistrari-la-DNA.-Mi-au-spus-ca-o-sa-mi-explodeze-o-bomba-in-fata-ca-ei-conduc-

17:10 (opinii/Istoria-Neamului-ale-Tasta-de-la-Vadastra-judetul-Olt-fost-Romanati-I-Sa-nu-uitati-nepotii-mei-189511)

17:07 (externe/In-plin-scandal-privind-cererea-de-arestare-a-lui-Netanyahu-si-recunoasterea-Palestinei-Israelul-intra-puternic-si-ucide-zeci-de-palestinieni-atac-dur-in-ultimele-ore-VIDEO-

15:50 (stiri-dezvaluiri/NOVA-TV-Atentie-la-afacerile-UDMR-in-judetul-Harghita-189510)

14:45 (stiri/Candidaturile-de-la-Bucuresti-ale-PNT-Maniu-Mihalache-blocate-si-azi-timp-de-23-de-zile.-Declaratia-lui-Valerian-Stan-189509)

14:10 (cultura-publicistica/AZI-JOI-23-MAI-ORA-18.00-Conferinta-si-lansarea-numarului-din-mai-al-Revistei-Familia-Ortodoxa-la-Libraria-Sophia-Barbatul-si-tatal-in-epoca-postidentitara-.-

13:45 (opinii/Dar-cine-este-Klaus-Schwab-noul-consort-al-ONU-189507)

Uniunea Ziariștilor Profesioniști din România

(https://uzp.org.ro/)

CELE MAI POPULARE

CELE MAI CITITE | CELE MAI COMENTATE

1. Dar cine este Klaus Schwab, noul consort al ONU? (opinii/Dar-cine-este-
2. Statul Paralel se clatină din temelii: Florian Coldea și Dumitru Dumbravă
3. Ambasadorul rus în SUA: Ucraina vrea să provoace un Război Mondial
4. S-a spart Blocada Americii asupra Occidentului (opinii/S-a-spart-Blocada-
5. Până aici i-a fost! Hunter Biden, acuzat de mărturie mincinoasă și jurământ fals
6. Arhiepiscopul Vigano: Păstorii falși lucrează cu Masoneria pentru a distruge
7. China a încercuit Taiwanul într-o ”misiune de pedeapsă pentru actele
8. Daniel Olteanu, fost parlamentar, președinte ALDE și prefect al Vasluiului,
9. Fenomen meteo rar pe cerul României, surprins la Arad: O furtună cu fulgere
10. IOHANNIS - RĂZGÂNDACUL: România NU va trimite Ucrainei sistem Patriot.

OPINII

JURNAL VIDEO

de Ion Cristoiu

Jurnalul meu video | 8 mai 2024: Primirea lui Iohannis de către Trump ne-a costat 6 miliarde de dolari. Primirea de către Joe Biden ne costă mai puțin: un miliard de dolari. E drept că Trump l-a bătut pe umăr pe Iohannis.

(opinii/Ion-Cristoiu-Cu-exceptia-lui-George-Simion-liderii-politici-o-scalda-cand-vine-vorba-de-sistemul-Patriot-oferit-de-Iohannis-gratis-Ucrainei-189219)

de Cristian Niculescu

Nu-i înțeleg pe cei care refuză să vadă filmul. Nu poți comenta ceva cu care nu ești la curent. Dar e mai ales o chestie de documentare asupra unei teme controversate.

(opinii/Cristian-Niculescu-21-DE-RUBINI-POLITICA-STRUTULUI-189218)

INPOLITICS

de Bogdan Tiberiu Iacob

Președintele Klaus Iohannis regretă deja, probabil, vizita la Casa Albă: în loc de încurajări pentru șefia NATO ori ridicări de vize, s-a întors cu o comandă de la Biden. Să dea Patriot lui Zelenski.

(opinii/Bogdan-Tiberiu-Iacob-Dilema-lui-Iohannis-un-refuz-pentru-Biden-ori-inalta-tradare-189213)

CUVÂNTUL CREDINCIOSULUI

de Pelerinul Român

Daca un film Ortodox nu te trimite la Sfânta Liturghie, atunci nu are cum sa vina de la Dumnezeu si nici Adevarul nu-l spune... deci nu e Ortodox...

(opinii/Reteta-kovesista-a-filmului-21-de-Rubini-si-Marele-absent-189208)

de Bogdan Tiberiu Iacob

Posibilitatea ca filmul momentului, de acum celebrul ”21 de rubini”, să fie de fapt un film care urmărește alte scopuri decît cele artistice, mai precis ”ridicarea” imaginii Laurei Kovesi, care aduce suspect de mult, ca personalitate, cu personajul central al filmului, procuroarea generală Nina Lucreția Ciofu.

(opinii/Kovesi-pe-axa-Bucuresti-Moscova-Bruxelles-si-retur-Bogdan-Tiberiu-Iacob-21-de-rubini-%E2%80%93-un-film-complet-deturnat.-De-catre-cine-si-de-ce-189201)

de Victor Grigore

Cum bănuiam, e un film smintitor, care transmite un mesaj pur tefelist (cred că de sorginte apuseană). Cea mai iritantă e teza că Biserica Ortodoxă Română ar avea o putere ocultă de influență în stat, e cea care trage sfori, stă la masă cu politicienii, numește procurori.

(opinii/Reactiunea-21-de-rubini-un-film-smintitor-189193)

de Mihai Tîrnoveanu

Divizia globalistă de știri, reportaje despre "corupția" din BOR, are acum o forma artistică: filmul „21 de rubini".

(opinii/Mihai-Tirnoveanu-Mihai-Eminescu-ne-spune-ca-cine-ataca-Biserica-Ortodoxa-Romana-numai-roman-nu-e.-Tocmai-de-aceea-21-de-rubini-sunt-30-de-arginti-189192)

ÎN CENTRUL ATENȚIEI
MOARTE SUBITĂ

1362 de articole

(in-centrul-atentiei/moarte-subita-7655)

ULTIMELECOMENTARII

Patriot Roman: ***Andrei Nicolae, zici ca se clatina statul paralel din temelii?? Numa ca au fost chemati...*** ...

(@ Statul Paralel se clatină din temelii: Florian Coldea și Dumitru Dumbravă sunt audiați la DNA. Fostul șef SRI a fost luat în primire de protestatari. ACTUALIZARE: Iese în cătușe? NOAPTEA GENERALILOR)

(stiri/Statul-Paralel-se-clatina-din-temelii-Florian-Coldea-si-Dumitru-Dumbrava-sunt-audiati-la-DNA.-Fostul-sef-SRI-a-fost-luat-in-primire-de-protestatari.-ACTUALIZARE-Iese-in-catuse-NOAPTEA-GENERALILOR-189505#comentariu-285288)

Christinne Radu: ***WEF's Klaus Schwab is Jewish https://fitzinfo.net/2021/12/20/wefs-klaus-schwab-is-...*** ...

(@ Dar cine este Klaus Schwab, noul consort al ONU?)

(opinii/Dar-cine-este-Klaus-Schwab-noul-consort-al-ONU-189507#comentariu-285287)

Dinu Dușceac: ***Dupa ce am citit porcaria antiromaneasca "Corneliu Zelea Codreanu. Ascensiunea si cadere...*** ...

(@ A apărut o lucrare unică: ISTORIA MIȘCĂRII LEGIONARE. 20 mai și 10 decembrie 1922 și 24 iunie 1927 în Istoria României)

(cultura-istorie/A-aparut-o-lucrare-unica-ISTORIA-MISCARII-LEGIONARE.-20-mai-si-10-decembrie-1922-si-24-iunie-1927-in-Istoria-Romaniei-174461#comentariu-285286)

Nicolas77: ***Stați liniștiți că o să se mușamalizeze totul,doar dacă va avea susținerea unor jurnaliști ...*** ...

(@ Denunțătorul lui Florian Coldea, acuzații explozive: “Am depus peste 20 de înregistrări la DNA. Mi-au spus că o să-mi explodeze o bombă în față, că ei conduc România, că nu-mi dau seama cu cine mă pun”)

(stiri-justitie/Denuntatorul-lui-Florian-Coldea-acuzatii-explozive-Am-depus-peste-20-de-inregistrari-la-DNA.-Mi-au-spus-ca-o-sa-mi-explodeze-o-bomba-in-fata-ca-ei-conduc-Romania-ca-nu-mi-dau-seama-cu-cine-ma-pun-189513#comentariu-285285)

Sabin G: ***Cam cine ar putea fi acela?***

(@ IOHANNIS - RĂZGÂNDACUL: România NU va trimite Ucrainei sistem Patriot. Nu accept ca România să rămână fără sistem de apărare antiaeriană)
(stiri/IOHANNIS-RAZGANDACUL-Romania-NU-va-trimite-Ucrainei-sistem-Patriot.-Nu-accept-ca-Romania-sa-ramana-fara-sistem-de-aparare-antiaeriana-189508#comentariu-285284)

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